

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

The Council of Insurance Agents & Brokers Political Action Committee

ADDRESS (number and street)

701 Pennsylvania Avenue, NW

Suite 750

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2608

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00039578

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2010

through

06

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ken A. Crerar

Signature of Treasurer

Electronically Filed by Ken A. Crerar

Date

09

24

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3XA**
Transaction ID :

Filing an amendment to update credit card fees entered incorrectly.

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 52

Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	452936.05
(b) Cash on Hand at Beginning of Reporting Period	493373.57	
(c) Total Receipts (from Line 19)	66526.04	308115.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	559899.61	761051.57
7. Total Disbursements (from Line 31)	90996.07	292148.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	468903.54	468903.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

The Council of Insurance Agents & Brokers Political Action Committee

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	51158.70	268173.26
(ii) Unitemized	10367.34	28942.26
(iii) TOTAL (add Lines 11(a)(i) and (ii)	61526.04	297115.52
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	61526.04	297115.52
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	11000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	66526.04	308115.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	66526.04	308115.52

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	400.00	5186.94	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	400.00	5186.94	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	75000.00	270884.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	15596.07	16077.09	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	90996.07	292148.03	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90996.07	292148.03	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	61526.04	297115.52
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	61526.04	297115.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	400.00	5186.94
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	400.00	5186.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott M Purviance

Mailing Address 10811 Waring Place

City

Charlotte

State

NC

Zip Code

28277-2765

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmWINS Group, Inc. (HQ)

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31856328

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ms. Karen Farris

Mailing Address 7238 Briarmeadow

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31856372

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Matthew G Fair

Mailing Address 40 Riverfield Drive

City

Westport

State

CT

Zip Code

06880-1306

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pierson & Smith, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31856862

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia O. Villemarette

Mailing Address 4209 Troy Street

City

Metairie

State

LA

Zip Code

70001-3548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eustis Insurance, Inc. (H-
Q)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: 31856872

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Thomas Pluss

Mailing Address 20 Ashton Drive

City

Burr Ridge

State

IL

Zip Code

60527-0305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chicago Series of Lockton
Companies, L

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: 31856998

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles McDaniel

Mailing Address 29 Foxtail Circle

City

Cherry Hills Villa

State

CO

Zip Code

80113-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	0	/	2	0	1	0

Transaction ID: 31857018

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy J Byrne

Mailing Address 4607 Signature Dr

City

Middleton

State

WI

Zip Code

53562-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mortenson, Matzelle & Mel-
dram, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31903446

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Robert Jed Skeete

Mailing Address 672 Flintdale Road

City

Houston

State

TX

Zip Code

77024-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms of Texas,

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 31907072

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Richard Chilvers

Mailing Address 7717 Creswell Road
#40

City

Shreveport

State

LA

Zip Code

71106-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Woodus K. Humphrey & Comp-
any, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 1 0

Transaction ID: 31907090

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Cynthia J. Bowman

Mailing Address 1360 E 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 31907255

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

Mr. Paul Catania

Mailing Address 5758 Williamsburg Circle

City State Zip Code
Hudson OH 44236-3780

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 31907256

Amount of Each Receipt this Period

41.66

C.

Full Name (Last, First, Middle Initial)

Mr. Brian T. Muldoon

Mailing Address 1360 E 9th Street
Suite 600

City State Zip Code
Cleveland OH 44114-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oswald Companies (HQ)

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: 31907262

Amount of Each Receipt this Period

46.00

SUBTOTAL of Receipts This Page (optional)

147.66

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott Fillmore

Mailing Address 5425 Aberdeen

City

Fairway

State

KS

Zip Code

66205-2606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: 31908084

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Marc Paletta

Mailing Address 183 Mark Twain Ave

City

San Rafael

State

CA

Zip Code

94903-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heffernan Group

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: 31908091

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tom McCall

Mailing Address 3185 Pegasus Point

City

Colorado Springs

State

CO

Zip Code

80906-6703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance Broker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Transaction ID: 31908102

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Phillip Brown

Mailing Address 1418 Stony Brook

City

Garland

State

TX

Zip Code

75043-1343

FEC ID number of contributing
federal political committee.

C

Name of Employer
McQueary Henry Bowles Tro-
y, L.L.P. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908227

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford/MMA (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908234

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City

Matthews

State

NC

Zip Code

28105-8745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

573.98

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908235

Amount of Each Receipt this Period

52.18

SUBTOTAL of Receipts This Page (optional)

593.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Barton H. Tucker

Mailing Address 3737 Arroyo Road

City

Fort Worth

State

TX

Zip Code

76109-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908242

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Leigh Page

Mailing Address 907 Shady Bend Drive

City

Kennedale

State

TX

Zip Code

76060-5491

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908251

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. Paul R. Lindgren

Mailing Address 8750 North Central Expressway
Suite 500

City

Dallas

State

TX

Zip Code

75231-6436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908273

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

670.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Doug Jones

Mailing Address 708 Greenleaf Drive

City

Richardson

State

TX

Zip Code

75080-5015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908274

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Ms. Dorothy Hedman

Mailing Address 333 Village Tree Drive

City

Highland Village

State

TX

Zip Code

75077-6961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908279

Amount of Each Receipt this Period

210.00

C.

Full Name (Last, First, Middle Initial)

Mr. John H. Hall

Mailing Address 4116 Greenbrier

City

Dallas

State

TX

Zip Code

75225-6635

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908281

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David L. Cooper

Mailing Address 4404 Stone Mountain Drive

City

Fort Worth

State

TX

Zip Code

76123-1884

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 3 / 2 0 1 0

Transaction ID: 31908284

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Gregory B. Milward

Mailing Address 1640 Ashwood Road

City

Lexington

State

KY

Zip Code

40502-1908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Powell Walton Milward/J.
Smith Lanier

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 1 0

Transaction ID: 31909264

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Tom Hughston

Mailing Address 6475 Glendora Avenue

City

Dallas

State

TX

Zip Code

75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 1 0

Transaction ID: 31909308

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Sam R. Boone

Mailing Address 8342 Via Rosa

City

Orlando

State

FL

Zip Code

32836-8788

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Self Insured Services

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31909985

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Sara S. Butler

Mailing Address 3266 Winthrop Circle

City

Marietta

State

GA

Zip Code

30067-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31909986

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ms. Linda S. Downs

Mailing Address 509 Florida St.

City

Orlando

State

FL

Zip Code

32806-1329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31909998

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Gill

Mailing Address 10281 Blue Palm Street

City

Plantation

State

FL

Zip Code

33324-8262

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown of Florida,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31910002

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ms. Laurel L. Grammig

Mailing Address 21 Bahama Circle

City

Tampa

State

FL

Zip Code

33606-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31910004

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Anthony M. Grippa

Mailing Address 145 Riverside Drive

City

Ormond Beach

State

FL

Zip Code

32176-6537

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31910006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Colin E. Lowe

Mailing Address 23312 Boca Chica Circle

City

Boca Raton

State

FL

Zip Code

33433-7261

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown of Florida,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31910017

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Thomas E. Riley

Mailing Address 1954 Bridgewater Drive

City

Heathrow

State

FL

Zip Code

32746-6907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 1 0

Transaction ID: 31910024

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Derek Cady

Mailing Address 2290 South Jackson Street

City

Denver

State

CO

Zip Code

80210-4933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910057

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Keith A. Kiser

Mailing Address 250 West First Street
Suite 100

City State Zip Code
Winston Salem NC 27101-4055

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Blue Ridge Burke
Insurance

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910059

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Fasola

Mailing Address 1000 Wildhurst Trail

City State Zip Code
Mound MN 55364-9639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Humana, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910060

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey T. Calder

Mailing Address 2 Abbott Court

City State Zip Code
Orinda CA 94563-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barney & Barney

Occupation
Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910061

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Mary Setter

Mailing Address 18474 Schroers Farm Road

City

Eden Prairie

State

MN

Zip Code

55347-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
RJF Agencies, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910062

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard Gulliver

Mailing Address 9046 Willow Ridge Drive

City

Willow Springs

State

IL

Zip Code

60480-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hub International Limited
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910063

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Larry D. Pittman

Mailing Address 4820 Star Ridge Lane

City

Frisco

State

TX

Zip Code

75034-5128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910064

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David J. Kohl

Mailing Address 7648 Hove Court

City

Plano

State

TX

Zip Code

75025-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roach Howard Smith & Bart-
on, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 1 0

Transaction ID: 31910065

Amount of Each Receipt this Period

210.00

B.

Full Name (Last, First, Middle Initial)

Mr. Harold A. Goodrich

Mailing Address 264 South Bird Road

City

Springfield

State

OH

Zip Code

45505-1608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance /Consoli-
dated Insuran

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 1 0

Transaction ID: 31913303

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Theodore A. Betoni, Jr.

Mailing Address 601 Lippincott Avenue

City

Moorestown

State

NJ

Zip Code

08057-1905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Acumen Re Management Corp-
oration

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927112

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

710.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. C. Roy Bridges

Mailing Address 4201 Bayshore Boulevard
Unit 1901

City State Zip Code
Tampa FL 33611-1669

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927113

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Brian Chase Brooks

Mailing Address 406 Carman Drive

City State Zip Code
Leesburg FL 34748-7072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927114

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Eisen

Mailing Address 610 Enclave Circle W

City State Zip Code
Pembroke Pines FL 33027-1218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Intracoastal Underwriters

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927120

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Robert P. Hollander

Mailing Address 4000 Towerside Terrace
Apartment 1605

City State Zip Code
Miami FL 33138-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. of Mi-
ami

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927122

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Richard A. Knudson

Mailing Address 527 Farmersville Road

City State Zip Code
Flemington NJ 08822-7146

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown and Brown of Lehigh
Valley

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John T. Manner

Mailing Address 719 Catherine Street

City State Zip Code
Joliet IL 60435-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Manner Insurance

Occupation
Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927124

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Riordan

Mailing Address 11640 Oak Avenue

City

Seminole

State

FL

Zip Code

33772-7008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hull & Company, Inc.

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927125

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John W. Suber, Jr.

Mailing Address 2609 W Watrous Avenue

City

Tampa

State

FL

Zip Code

33629-5346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927132

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. M. Decker Youngman, III

Mailing Address 4 Creek View Way

City

Ormond Beach

State

FL

Zip Code

32174-6751

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927135

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Jackson

Mailing Address 6829 Sycamore Creek Court

City

Dayton

State

OH

Zip Code

45459-3241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Christopher M. McAtee

Mailing Address 451 Mariclaire Avenue

City

Vandalia

State

OH

Zip Code

45377-1566

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927149

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. John L. Watson

Mailing Address 6870 Cedar Valley Court

City

Dayton

State

OH

Zip Code

45414-2168

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927151

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. David E. Griffin

Mailing Address 7116 Bigger Lane

City

Centerville

State

OH

Zip Code

45459-4908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brower Insurance Agency,
LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31927152

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. John H. Parrott, Jr.

Mailing Address 3635 Ridgewood Lane SW

City

Roanoke

State

VA

Zip Code

24014-3029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford/MMA (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 31942261

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Mr. Raymond J. Garruto

Mailing Address 3410 Savannah Hills

City

Matthews

State

NC

Zip Code

28105-8745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rutherford

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

626.16

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 31942262

Amount of Each Receipt this Period

52.18

SUBTOTAL of Receipts This Page (optional)

593.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John Crable

Mailing Address 712 Riverton Road

City

Moorestown

State

NJ

Zip Code

08057-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group,
Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 31942263

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

Mr. David Griffin

Mailing Address 149 Signal Road

City

Drexel Hill

State

PA

Zip Code

19026-4931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corporate Synergies Group
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 1 0

Transaction ID: 31942272

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Mrs. Leslie Pearce

Mailing Address 1706 Swan Loop E

City

Upland

State

CA

Zip Code

91784-8029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bolton & Company Insurance
Brokers (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 1 / 2 0 1 0

Transaction ID: 31942275

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

370.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lambert, III

Mailing Address 3255 Carl Morgan Road

City

Moody

State

AL

Zip Code

35004-2648

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc./BB&T

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 31942281

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. J. Powell Brown

Mailing Address 460 Virginia Drive

City

Winter Park

State

FL

Zip Code

32789-5805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Asst. V.P./Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 31942283

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. J. Scott Penny

Mailing Address 1720 Bridgewater Drive

City

Lake Mary

State

FL

Zip Code

32746-4103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	1	0

Transaction ID: 31942291

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John J Stilwell, IV

Mailing Address 6201 Willers Way

City

Houston

State

TX

Zip Code

77057-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lockton Companies, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 31942310

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mrs. Diane Gainey

Mailing Address 1410 Marsh Pointe

City

Morehead City

State

NC

Zip Code

28557-4764

FEC ID number of contributing
federal political committee.

C

Name of Employer
AmRisc (BB&T)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 31942311

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Winfield M. Hopkins

Mailing Address 1000 S. Catalina Avenue
No. 101

City

Redondo Beach

State

CA

Zip Code

90277-4761

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 1 0

Transaction ID: 31942312

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Wesley V. Dasher, Jr.

Mailing Address 13 Jacobs Mill Court

City

Elgin

State

SC

Zip Code

29045-8646

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Boyle-Vaughan Asso-
ciates, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 31946511

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mr. Ronald L. Inberg

Mailing Address 2187 SW Harbor Place

City

Portland

State

OR

Zip Code

97201-8022

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 1 0

Transaction ID: 31946523

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Bruce C. Dunbar, Jr.

Mailing Address 3025 Cherokee Road

City

Birmingham

State

AL

Zip Code

35223-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Willia-
ms, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 31946542

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Calhoun

Mailing Address 3 Hazeltine Walk

City

Shoal Creek

State

AL

Zip Code

35242-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc./BB&T

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 8 / 2 0 1 0

Transaction ID: 31946543

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. William J. Roby, Jr.

Mailing Address 1707 Parkshire Lane

City

Louisville

State

KY

Zip Code

40220-3808

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Old Colony Insurance

Occupation

Insurance broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962714

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Southgate Jones, III

Mailing Address 3940 Plymouth Road

City

Durham

State

NC

Zip Code

27707-5124

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Asura

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962717

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John W. Doetzer

Mailing Address 11600 Whitetail Lane

City

Ellicott City

State

MD

Zip Code

21042-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Consolidated Insurance Ce-
nter, Inc. (H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Insurance Broker

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962732

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Matt Boray

Mailing Address N72 W28925 Fishers Landing

City

Hartland

State

WI

Zip Code

53029

FEC ID number of contributing
federal political committee.

C

Name of Employer
M3 Insurance Solutions,
Inc.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Insurance Broker

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962744

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas J. Curtin, Sr.

Mailing Address 2931 Surrey Road

City

Birmingham

State

AL

Zip Code

35223-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer
CRC Insurance Services,
Inc./BB&T

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

Insurance Broker

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962753

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Scott E. Russell

Mailing Address 6610 Shadwell Court

City

Cumming

State

GA

Zip Code

30040-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T Huffines-Russell

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962754

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William Legg

Mailing Address 45 Greenway Rd

City

Birmingham

State

AL

Zip Code

35213-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGriff, Seibels & Williams, Inc./BB&T

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: 31962755

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kerry R. Martin

Mailing Address 1792 Clendenin Lane

City

Riverwoods

State

IL

Zip Code

60015-1722

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Plexus Groupe LLC (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962826

Amount of Each Receipt this Period

83.34

SUBTOTAL of Receipts This Page (optional)

1083.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard Todd

Mailing Address 426 Baymount Dr

City

Statesville

State

NC

Zip Code

28625-9549

FEC ID number of contributing
federal political committee.

C

Name of Employer
BB&T - Webb Insurance

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962928

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven Pede

Mailing Address 2284 Ventana Path

City

Marietta

State

GA

Zip Code

30062-7744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digital Insurance, Inc.
(HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962933

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Kenneth R. Masters

Mailing Address 224 Calle Campesino

City

San Clemente

State

CA

Zip Code

92672-4553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown of California Inc./DBA C

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962935

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nicholas Dereszynski

Mailing Address 508 Briar Brook Run

City

Fayetteville

State

NY

Zip Code

13066-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown Empire State

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962943

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Tom M. Huval

Mailing Address 1008 Rue Bois De Chene

City

Breaux Bridge

State

LA

Zip Code

70517-6735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huval Agency

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962945

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mr. Charles H. Lydecker

Mailing Address 18 Broadriver Road

City

Ormond Beach

State

FL

Zip Code

32174-8743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown & Brown, Inc. (HQ)

Occupation

Senior V.P.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 1 0

Transaction ID: 31962946

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Dane O. Leavitt

Mailing Address PO Box 130

City

Cedar City

State

UT

Zip Code

84721-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Leavitt Group (HQ)

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1624512923887

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Rodney B. Leavitt

Mailing Address 1970 Terra Vista Way

City

Las Vegas

State

NV

Zip Code

89117-2018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR1831854623887

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Don Gary Archibald

Mailing Address 1171 South 5th West

City

Rexburg

State

ID

Zip Code

83440-5092

FEC ID number of contributing
federal political committee.

C

Name of Employer
Archibald Insurance Center

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430562423887

Amount of Each Receipt this Period

200.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. William Barlocker

Mailing Address 308 West Jordan

City

Clovis

State

CA

Zip Code

93611-7181

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barlocker Insurance Servi-
ces

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430562523887

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel Bowers

Mailing Address 2720 Black Diamond Terrace

City

Colorado Springs

State

CO

Zip Code

80918-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIA-Leavitt Insurance Age-
ncy, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430568723887

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. John Connell

Mailing Address P.O. Box 663

City

Diablo

State

CA

Zip Code

94528-0663

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, In

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430570123887

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Nathan Esplin

Mailing Address 2131 West 546 South

City

Cedar City

State

UT

Zip Code

84720-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430595123887

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Ms. Alma Franzoy-Capron

Mailing Address HC 31 Box 200

City

Hatch

State

NM

Zip Code

87937-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group Southwest,
Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430598323887

Amount of Each Receipt this Period

100.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Thomas Lincoln

Mailing Address 2652 Hill Road East

City

Lakeport

State

CA

Zip Code

95453-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln-Leavitt Insurance
Agency, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430605523887

Amount of Each Receipt this Period

200.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 52

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Curtis Perata

Mailing Address 2748 Seminole Circle

City

Fairfield

State

CA

Zip Code

94534-7855

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2430726123887

Amount of Each Receipt this Period

20.00

P/R Deduction (\$0.00)

B.

Full Name (Last, First, Middle Initial)

Mr. Kirk Rule

Mailing Address 7217 Via Lomas

City

San Jose

State

CA

Zip Code

95139-1141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Pacific Insurance
Brokers

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2431449623887

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

C.

Full Name (Last, First, Middle Initial)

Mr. Kevin Valine

Mailing Address 3568 Creekwood Dr

City

Rocklin

State

CA

Zip Code

95677-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer
James C. Jenkins Insurance
Service, Inc.

Occupation

Insurance Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 1 0

Transaction ID: PR2432378123887

Amount of Each Receipt this Period

50.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 52

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Kenney

Mailing Address 306 South 800 West

City

Cedar City

State

UT

Zip Code

84720-3037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Leavitt Group (HQ), The

Occupation

Insurance Broker

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

Transaction ID: PR2435641023887

Amount of Each Receipt this Period

30.00

P/R Deduction (\$0.00)

SUBTOTAL of Receipts This Page (optional)

30.00

TOTAL This Period (last page this line number only)

51158.70

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 52

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Trey Grayson

Mailing Address PO Box 175726

City

Ft Mitchell

State

KY

Zip Code

41017

FEC ID number of contributing
federal political committee.**C** C00461681

Name of Employer

Occupation

Receipt For: 2010

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	0

Transaction ID: 31926644

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 52

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement

011

Category/
Type

Candidate Name

Sen. Blanche Lambert Lincoln

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: AR

District:

Transaction ID: 31830641

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Eric Cantor

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA

District: 07

Transaction ID: 31830706

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Michaud For Congress

Mailing Address 213 Lisbon St

City
Lewiston

State
ME

Zip Code
04240

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Michael H. Michaud

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: ME

District: 02

Transaction ID: 31838896

Date of Disbursement

06 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Toomey For Senate Committee

Mailing Address 2720 Jordan Road

City
OrefieldState
PAZip Code
18069

Purpose of Disbursement

011

Category/
Type

Candidate Name

Mr. Patrick Toomey

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: PA

District:

Transaction ID: 31839758

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

EDPAC

Mailing Address 499 South Capitol St., SW
Suite 422City
WashingtonState
DCZip Code
20003

Purpose of Disbursement

011

Category/
Type

Candidate Name

EDPAC

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Transaction ID: 31839786

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Lee Terry for Congress

Mailing Address PO Box 540098

City
OmahaState
NEZip Code
68154

Purpose of Disbursement

011

Category/
Type

Candidate Name

Lee Terry

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

State: NE

District: 02

Transaction ID: 31839791

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Snowe for Senate

Mailing Address 3 Canal Plaza
Suite 601

City Portland State ME Zip Code 04101

Purpose of Disbursement

011

Category/
Type

Candidate Name
Olympia J. Snowe

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District:

Transaction ID: 31872781

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Chris Lee For Congress

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Christopher Lee

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 31872783

Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Nan Hayworth

Mailing Address P. O. Box 189

City Mount Kisco State NY Zip Code 10549

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ms. Nan Hayworth

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: 31919288

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial)
National Republican Senatorial Committee

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31919291

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

15000.00

B. Full Name (Last, First, Middle Initial)
Rehberg for Congress

Mailing Address P.O. Box 1597

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name
Dennis Rehberg

Office Sought: ☒ House
☐ Senate
☐ President

State: MT District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 31919292

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
National Republican Congressional Committee

Mailing Address 320 1st St, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31919293

Date of Disbursement

06 / 17 / 2010

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

35000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Mchenry For Congress	Transaction ID: 31919294 Date of Disbursement																				
Mailing Address PO Box 1406	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Hickory State NC Zip Code 28603	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Patrick Timothy McHenry	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Matheson For Congress	Transaction ID: 31919295 Date of Disbursement																				
Mailing Address P O Box 521048 Suite A	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Salt Lake City State UT Zip Code 84152	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. James Matheson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Driehaus For Congress	Transaction ID: 31919309 Date of Disbursement																				
Mailing Address 650 Fox Trails Way	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	7		2	0	1	0												
City Cincinnati State OH Zip Code 45233	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Mr. Steven Driehaus	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A. Full Name (Last, First, Middle Initial) Bean-PAC	Transaction ID: 31919317 Date of Disbursement
Mailing Address 235 Massachusetts Avenue NE	<div> <div>06</div> <div>17</div> <div>2010</div> </div>
City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Bean-PAC	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Andy Barr For Congress, Inc.	Transaction ID: 31919354 Date of Disbursement
Mailing Address PO Box 2059	<div> <div>06</div> <div>17</div> <div>2010</div> </div>
City Lexington State KY Zip Code 40588	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>1000.00</div>
Candidate Name Mr. Garland Barr	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Team Emerson	Transaction ID: 31919386 Date of Disbursement
Mailing Address 400 Broadway Ste. 326	<div> <div>06</div> <div>17</div> <div>2010</div> </div>
City Cape Girardeau State MO Zip Code 63701	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2500.00</div>
Candidate Name Jo Ann Emerson	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

The Madison PAC

Mailing Address 50 E Street, SE
Suite 1

City Washington State DC Zip Code 20003

Purpose of Disbursement

011

Category/
Type

Candidate Name
The Madison PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 31942419

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Carly For California Inc

Mailing Address 520 Capitol Mall Suite 220

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ms. Carly Fiorina

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District:

Transaction ID: 31942422

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address P.O. Box 549

City Napoleonville State LA Zip Code 70390

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Charles J. Melancon

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 03

Transaction ID: 31942423

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address P.O. Box 549

City
Napoleonville

State
LA

Zip Code
70390

Purpose of Disbursement

011

Category/
Type

Candidate Name

Rep. Charles J. Melancon

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: LA

District: 03

Transaction ID: 31942424

Date of Disbursement

06 / 24 / 2010

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)

Crowley for Congress

Mailing Address 80 F Street NW
Number 804

City
Washington

State
DC

Zip Code
20001

Purpose of Disbursement

011

Category/
Type

Candidate Name

Joseph Crowley

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

2010

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY

District: 07

Transaction ID: 31956301

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

75000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Wired For Change

Mailing Address 1700 Connecticut Avenue, NW
Suite 403

City Washington State DC Zip Code 20009

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 31872787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

400.00

SUBTOTAL of Disbursements This Page (optional)

400.00

TOTAL This Period (last page this line number only)

400.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 / 52

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Third Way</p> <p>Mailing Address 1025 Connecticut Avenue, NW Suite 501</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 003 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 31968933</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">6</div></div> <div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">4</div></div> <div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">0</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">15000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Authorize.Net</p> <p>Mailing Address 808 East Utah Valley Drive</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement 001 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32038132</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">6</div></div> <div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">2</div></div> <div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">0</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">46.60</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) First Data</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21741-6600</p> <p>Purpose of Disbursement 001 Category/ Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32038140</p> <p>Date of Disbursement <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">6</div></div> <div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">3</div></div> <div><div style="border: 1px solid black; padding: 2px;">2</div><div style="border: 1px solid black; padding: 2px;">0</div><div style="border: 1px solid black; padding: 2px;">1</div><div style="border: 1px solid black; padding: 2px;">0</div></div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: right;">32.50</div> </p>

SUBTOTAL of Disbursements This Page (optional)

15079.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

The Council of Insurance Agents & Brokers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PayPal, Inc.

Mailing Address 4100 Solutions Center, #774100

City
Chicago

State
IL

Zip Code
60677-4001

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32038141

Date of Disbursement

/ /

Amount of Each Disbursement this Period

516.97

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 2878

City
Omaha

State
NE

Zip Code
68103-2878

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 32038142

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.00

SUBTOTAL of Disbursements This Page (optional)

516.97

TOTAL This Period (last page this line number only)

15596.07